

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name J. Shawn Walley  
Full Address 2000 Herndon RD Hokesville, MS 39451  
Telephone 601-606-5603 (Fax) \_\_\_\_\_  
E-mail JSwalley@TOS.NET  
Office Sought House of Representatives D105 Political Party Democrat

RECEIVED  
JAN 25 2010

Secretary of State  
Capitol Office  
DATE STAMP

☒ Check here if above is different from previous report

TYPE OF REPORT

☒ **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	1,500. <sup>00</sup> + 0	\$ 1,500. <sup>00</sup>	\$ 1,500. <sup>00</sup>
Total amount of disbursements	710. <sup>00</sup> + 1,175. <sup>00</sup>	\$ 1,885. <sup>00</sup>	\$ 1,885. <sup>00</sup>
Total amount of cash on hand		\$ 3,356. <sup>92</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

J. Shawn Walley  
Signature of Candidate

1-25-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee J. Shawn WallerReporting period Jan. 1, 2009 through Dec. 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of MS, Inc</u>		<u>9/19/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 550</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Cleveland TN 37364-0550</u>		<u>   /   /   </u>	\$
Name of Employer (Required) _____		<u>   /   /   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corporation</u>		<u>10/14/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Longwood, CA 94524</u>		<u>   /   /   </u>	\$
Name of Employer (Required) _____		<u>   /   /   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T MS</u>		<u>12/22/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital ST.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>		<u>   /   /   </u>	\$
Name of Employer (Required) _____		<u>   /   /   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>   /   /   </u>	\$
Mailing Address _____		<u>   /   /   </u>	\$
City, State, Zip Code _____		<u>   /   /   </u>	\$
Name of Employer (Required) _____		<u>   /   /   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee J. Shawn Walley  
Reporting period Jan. 1, 2009 through Dec. 31, 2009

# ITEMIZED DISBURSEMENTS

A. Full name <u>Greene Co. Football Booster Club</u>		Date (Mo., Day, Year) <u>7 / 23 / 09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address			
City, State, Zip Code <u>hokesville, ms 39451</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name <u>Greene Co. Herald</u>		Date (Mo., Day, Year) <u>1 / 26 / 09</u>	Amount of each disbursement this period \$ <u>270.00</u>
Mailing Address <u>P.O. Box 220</u>			
City, State, Zip Code <u>hokesville, ms 39451</u>		<u>6 / 2 / 09</u>	\$ <u>85.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>355.00</u>
C. Full name <u>Greene Co. Herald</u>		Date (Mo., Day, Year) <u>10 / 5 / 09</u>	Amount of each disbursement this period \$ <u>105.00</u>
Mailing Address <u>P.O. Box 220</u>			
City, State, Zip Code <u>hokesville, ms 39451</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>460.00</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$